

FILED SEP 8 1941

Registration District No.

Primary Registration District No. 104

Registrar's No. 1663

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town Ferguson, MO.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
415 Georgia Avenue /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
In this community Since Birth (Specify whether
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
(c) City or town Ferguson
(If outside city or town limits, write "RURAL")
(d) Street No. 415 Georgia Avenue
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 5
year 1941 hour 4 minute 0 PM M.

21. I hereby certify that I attended the deceased from July
31 to Aug 5, 1941;
that I last saw her alive on July 31, 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death.....
Carcinoma of left breast
with metastases

Duration

Due to.....

Due to.....

Other conditions.....
(Include pregnancy within 3 months of death)

PHYSICIAN

Major findings:
Of operations Biopsy revealed
Carcinoma
Of autopsy.....

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify).....
(b) Date of occurrence.....
(c) Where did injury occur?.....
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place)
(e) Means of injury.....

23. Signature George A. Carroll (M. D. or other)
Address 607 N. Grand Date signed 8-7-41

3. (a) PRINT FULL NAME MINNIE KRUSE.

3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife..... 6. (c) Age of husband or wife if alive..... years

7. Birth date of deceased October 18, 1872
(Month) (Day) (Year)

8. AGE: Years 68 Months 9 Days 18 If less than one day
.....hr.min.

9. Birthplace St. Louis Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation At Home

11. Industry or business.....

12. Name Henry Kruse

13. Birthplace Germany
(City, town, or county) (State or foreign country)

14. Maiden name Margaret Drach

15. Birthplace Pittsburg Penn.
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. John Bowman

(b) Address 415 Georgia Ave., Ferguson, MO

17. (a) Burial (b) Date thereof 8/8/41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Peters Cemetery

18. (a) Signature of funeral director Math. Hermann & Son

(b) Address 2161 East Fair Avenue

19. (a) AUG 8 - 1941 (Date received local health officer)
G. McCarroll (Registrar's signature)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

MOTHER FATHER

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed *William G. Burkholder*

Licensed Embalmer No. *2110*

P. O. Address *St. Louis, Mo.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.